

General Practitioners providing Brief Intervention: what is their impact on the community?

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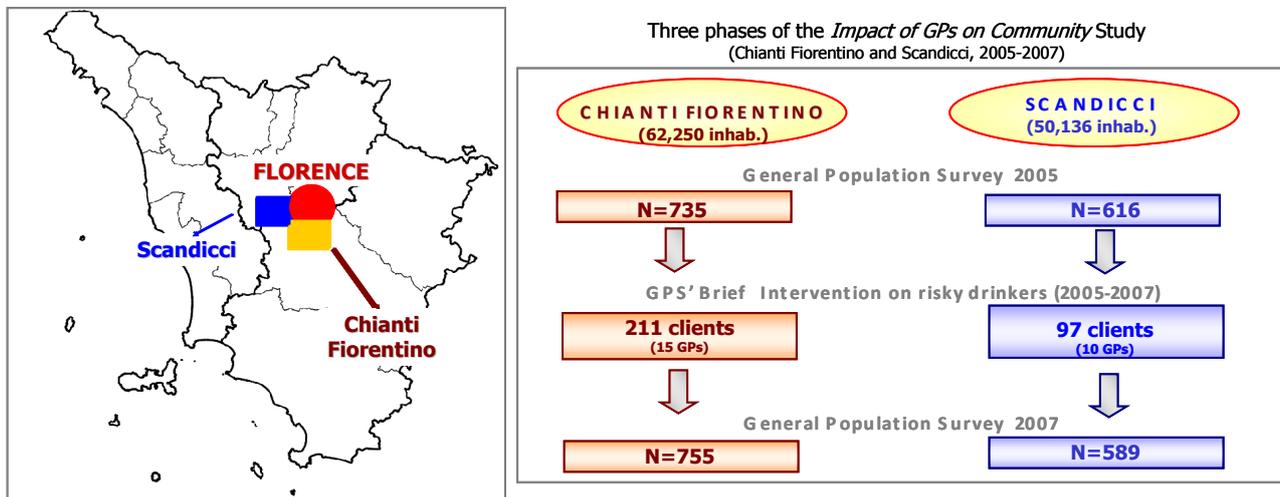
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Brief interventions (BI), which are delivered by general practitioners to their clients who are risky drinkers, are usually evaluated according to their effectiveness in terms of communication (Allamani et al., 2009) or of decrease of patients' amount of drinking (Nilsen, 2010; Hilbink et al., 2012).

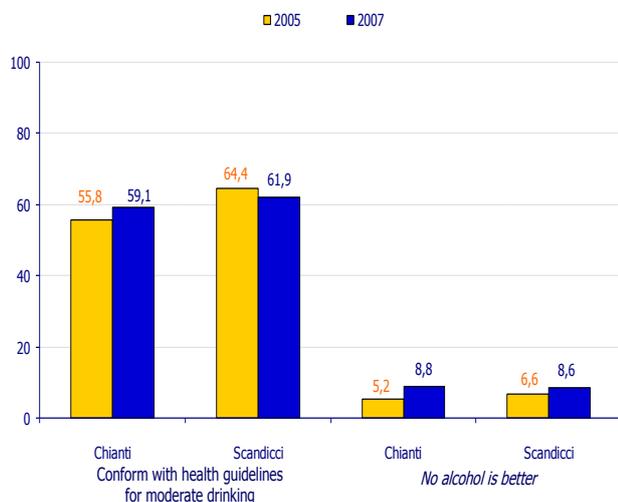
However, the family doctor is also an opinion leader and an educator (Royal College of Physicians, 2005). Her/his skills in informing and educating patients' lifestyles are probably able to induce a change in opinion, not just of those patients who undergo the medical examination, but, indirectly, also of their family members as well as of their social network. Eventually, in keeping with a system approach (Holder, 1999), GP's health education efforts have an impact on the entire community in which he / she operates.

With this assumption, the study aim was to study the effect of GP's BI on community. As part of a larger Brief Intervention project which involved 308 risky drinkers out of 2,869 clients enrolled between 2005 and 2007 in two comparable areas (Chianti Fiorentino and Scandicci) of the province of Florence, Italy, two general population samples of about 1,350 subjects in the two communities - where respectively 15 and 10 GPs operated - were interviewed on several issues including moderate and risky drinking, both at the beginning and at the end of the study.

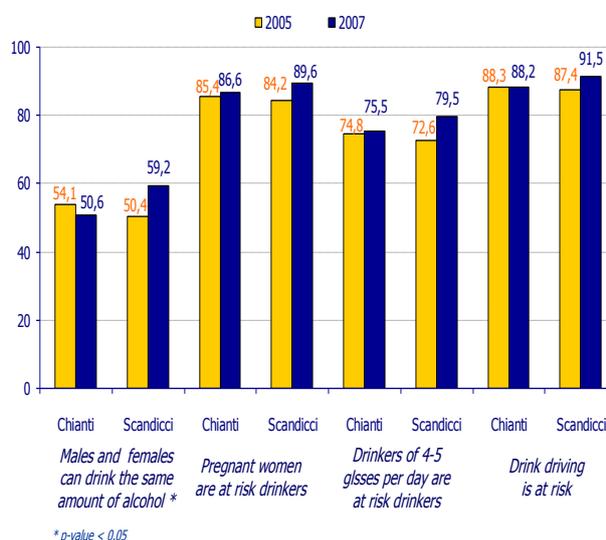


Even if in general final results were not statistically significant, they showed that in the Chianti area, at the end of the project, compared with the beginning, 5% more respondents had an appropriate opinion about moderate drinking, and about more than 7% respondents acknowledged the risk of hazardous drinking; also, more than 3% thought that no alcohol drinking is recommended. In Scandicci (where in previous years alcohol preventive activities had been more numerous than in Chianti, what may have made the GPs' potential impact less visible) figures are smaller, but anyway the rates of people thinking that no drinking is recommended increased at the expenses of those having an appropriate opinion of drinking.

General population surveys in Chianti Fiorentino and in Scandicci: respondents' opinions on *moderate drinking* in 2005 (N=1,351) and 2007 (N=1,344)



General population surveys in Chianti Fiorentino and in Scandicci: respondents' opinions on *drinking at risk* in 2005 (N=1,351) and 2007 (N=1,344)



As to a list of worries about drinking, generally they showed a tendency towards an increase in attention about the risk of drinking, particularly in the area of Scandicci.

Results only partly support the study aim that GP's health education efforts have an impact on the community. Further studies on the role of GPs as prevention community agent are needed.

References

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